

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Farm Bureau Property & Casualty
Insurance Company
Edward G. Parker, Registered Agent
5400 University Avenue
West Des Moines, IA 50266

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from Item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7007 3020 0000 4621 5212

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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Label/Receipt Number: **7007 3020 0000 4621 5212**Service(s): **Certified Mail™**Status: **Delivered**

Your item was delivered at 6:45 am on July 05, 2011 in WEST DES MOINES, IA 50266.

Track & Confirm

Enter Label/Receipt Number.

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Detailed Results:

- **Delivered, July 05, 2011, 6:45 am, WEST DES MOINES, IA 50266**
- **Notice Left, July 02, 2011, 10:58 am, CLIVE, IA 50325**
- **Arrival at Unit, July 02, 2011, 7:18 am, CLIVE, IA 50325**

Notification Options

Track & Confirm by email

Get current event information or updates for your item sent to you or others by email.


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SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input checked="" type="checkbox"/> X  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Farm Bureau Mutual Insurance Company Edward G. Parker, Registered Agent 5400 University Avenue West Des Moines, IA 50266</p>		<p>B. Received by (Printed Name) C. Date of Delivery</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>PS Form 3811, February 2004</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>7007 3020 0000 4621 5045</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
Domestic Return Receipt		102595-02-M-1540	



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Label/Receipt Number: **7007 3020 0000 4621 5045**
Service(s): **Certified Mail™**
Status: **Delivered**

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Enter Label/Receipt Number.

Your item was delivered at 6:45 am on July 05, 2011 in WEST DES MOINES, IA 50266.

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Detailed Results:

- **Delivered, July 05, 2011, 6:45 am, WEST DES MOINES, IA 50266**
- **Notice Left, July 02, 2011, 10:58 am, CLIVE, IA 50325**
- **Arrival at Unit, July 02, 2011, 5:37 am, CLIVE, IA 50325**
- **Processed through Sort Facility, July 01, 2011, 6:47 pm, DES MOINES, IA 50395**

Notification Options

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